

08/19/03 16562 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Express Mail #ER386956757US

Attorney Docket No.

014.0014

17497 U.S. PTO
10/644167
08/19/03

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, DAVID MOON YEE, entitled, for a(n):

GPS RECEIVER WITH RECALIBRATION AND METHODS FOR RECALIBRATING AND RECONFIGURING A GPS RECEIVER

(X) Original Patent Application.

() Continuing Application (prior application not abandoned):

() Continuation () Divisional () Continuation-in-part (CIP)

of prior application No: _____ Filed on: _____

() A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification: 20 Total Pages.

(X) Formal Drawing(s): 4 Total Sheets.

() Informal Drawing(s): _____ Total Sheet.

(X) Oath or Declaration:

(X) A Newly Executed Combined Declaration and Power of Attorney:

(X) Signed. () Unsigned. () Partially Signed.

() A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

() Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Power of Attorney.

() Associate Power of Attorney.

(X) A Check # 2159 in the amount of \$ 1,126.00 for the Fees associated with this filing.

() Preliminary Amendment.

() A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

() Information Disclosure Statement, Form PTO/SB/08, and _____ Reference copies.

(X) Return Receipt Postcard.

(X) Assignment and Recordation Cover Sheet.

() Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	34	14	\$18.00	\$252.00
Independent Claims	4	1	\$84.00	\$84.00
Multiple Dependent Claims (if applicable)				\$0
Assignment Recording Fee				\$40.00
Basic Filing Fee				\$750.00
Total Filing Fee				\$1126.00

Charge \$ 0 to Deposit Account 50-2091 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-2091.

Respectfully submitted,

By:

Timothy J. Lorenz
Reg. No. 41,954

Date: 08/19/03

Correspondence Address:

CUSTOMER NO. 29906
INGRASSIA FISHER & LORENZ, P.C.
7150 E. Camelback Rd., Suite 325
Scottsdale, AZ 85251
Phone: (480) 385-5060
Fax: (480) 385-5061